

PART B - FEE(S) TRANSMITTAL

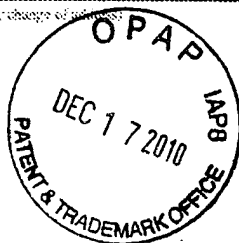
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Alba Escobar	(Depositor's name)
/Alba Escobar/	(Signature)
12/17/10	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/09/2004 10/09/2003 Sherif Yacoub 200309365-1 2032

TITLE OF INVENTION: SYSTEM AND METHOD FOR CALL CENTER DIALOG MANAGEMENT

12/20/2010 SDENB084 00000015 752021 10699264

01 FC:1501 1510.00 DA
 02 FC:1504 300.00 DA

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 01/21/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PHAN, JOSEPH T 2614 370-088250

12/20/2010 SDENB084 00000015 10699264

01 FC:1501 1510.00 DA
 02 FC:1504 300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lloyd E Dakin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Hewlett-Packard Development Company, L.P. Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an exact copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Lloyd E. Dakin, Jr., Reg. # 38,423/

Date: 12-08-10

Typed or printed name: Lloyd E Dakin

Registration No. 38423

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